VISA APPLICATION FORM

EMBASSY OF INDIA Consular Wing

2536 Massachusetts Avenue, NW, Washington, DC 20008 Tel: (202) 939-9839/9806 Fax: (202) 797-4693 http://www.indianembassy.org STAPLE TWO PHOTOS HERE

Note: This application can be used at the Embassy of India, Washington, DC or at any other Consulate General of India (Personal Checks/Credit Cards are not accepted; Cash accepted only at the Counter)

DI EASE DEAD THE INSTRUCTIONS CARFFILLLY REFORE FILLING THE APPLICATION

1. FULL NAME: (First) Midile) (test) 2. LAST NAME AT BIRTH (IF DIFFERENT):	PLEASE READ THE INS		BLACK ONLY	4	FOR OFFICE LICE ONLY
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2 LAST NAME AT BIRTH (IF DIFFERENT): 3. MARRITAL STATUS: Married		04: 27:-1	/ī 1		
3. MARITAL STATUS: Married		(містіе)	(LASC)		
Married Unmarried	Z. ENOT WINE M. SINTE (II SINTE EXCENS).			1 1	
Married Unmarried	3. MARITAL STATUS:				
5. DATE OF BIRTH S. SEX: Maile Female	Married Unmarried				
7. PLACE OF BIRTH (CITY, STATE & COUNTRY): 8. CURRENT NATIONALITY: 9. ARE YOU A PERMANENT/LONG-TERM RESIDENT IN USA7(For Non-US passport holders only) Yes No If yes, please furnish photocopy of your GREEN-CARD/Long-term Visa status: 10. NATIONALITY AT BIRTH: 11. ANY OTHER NATIONALITY HELD AT PRESENT/PAST: 12: PRESENT ADDRESS: 13. PHONE: (HOME) 14. PERMANENT ADDRESS: 15. PROFESSION: 16. EMPLOYER'S NAME AND ADDRESS: 17. PASSPORT NUMBER: 18. VALID UNTIL: 19. ISSUED AT: 20. ISSUE DATE:	4. IF MARRIED GIVE MAIDEN NAME:				
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21. FATHER'S/HUSBAND'S NAME:	17. PASSFORT NOMBER.				
	19. ISSUED AT:		20	. ISSUE DATE:	
22. NATIONALITY OF FATHER/HUSBAND:	21. FATHER'S/HUSBAND'S NAME:				
22. NATIONALITY OF FATHER/HUSBAND:					
	22. NATIONALITY OF FATHER/HUSBAND:				

23. NAME AND NATIONALITY OF MOTHER:
24. TYPE OF VISA REQUIRED (please circle):
TouristI BusinessI StudentI EntryI TransitI JournalistI ConferenceI EmploymentI Transfer,
OthersI
25. PERIOD OF VISA:
15 Days* I Six Months I One Year I Five Year I Ten Years I
(*For Transit only)
26. HAVE YOU EVER VISITED INDIA BEFORE?
If yes, give address where you stayed with dates or years:
27. HAS INDIAN VISA OR EXTENSION OF THE SAME EVER BEEN REFUSED TO YOU PREVIOUSLY?
Yes No If yes, give details:
28. ARE YOU HOLDING A VALID "NO OBJECTION TO RETURN TO INDIA" ENDORSEMENT?
Yes No If yes, give details:
29. OBJECT OF JOURNEY:
29. OBJECT OF JOURNALT.
30. ARE YOU TRAVELLING ON BEHALF OF A COMPANY?
Yes No
31. IF YES, GIVE NAME AND ADDRESS OF COMPANY:
32. EXPECTED DATE OF DEPARTURE FROM USA:
33. EXPECTED DATE OF ARRIVAL IN INDIA:
34. PORT OF ARRIVAL IN INDIA:
AND AND CHILD PREMIAN VOLUM PACCEDENT ACCOMPANIVING VOLUM
35. ARE ANY CHILDREN IN YOUR PASSPORT ACCOMPANYING YOU?
Yes No If yes, give details: Full Name Date of Birth Sex
Full Name Date of Birth Sex
(0)
(a)
(b)
36. NAME AND ADDRESS OF TWO REFERENCES:
(a) In India:
(b) In applicant's country:
(-)
hereby undertake that I shall utilize my visit to India for the
purpose for which the visa has been applied for and shall not, on arrival in India, try to obtain employment or set up business or extend my
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NOTE: PLEASE INCLUDE RETURN MAIL CHARGES WHEREVER APPLICABLE. THE SERVICE WILL NOT BE PROVIDED WITHOUT MAILING CHARGES. THE CHARGES ARE \$7/- FOR PRIORITY MAIL AND \$15/- FOR EXPRESS MAIL.